

Checklist for Evaluating Ergonomic Stress in Industrial Shops

		Yes	No	N/A
1.	Physical Stress:			
1.1	Does the job require contact of fingers or wrist with sharp edges?	_____	_____	_____
1.2	Do hand tools or process equipment vibrate the worker's hands, arms, or whole body?	_____	_____	_____
2.	Force:			
2.1	Does the job require more than 10 pounds of force?	_____	_____	_____
2.2	Does the job require using a pinch grip (between thumb and finger)?	_____	_____	_____
2.3	Are gloves used, increasing the force needed for motion of the fingers?	_____	_____	_____
2.4	Does the job require frequent heavy lifting (> 18 kg or 40 lb, 2 hours per day)?	_____	_____	_____
2.5	Does the job require occasional very heavy lifting (> 23 kg or 50 lb)?	_____	_____	_____
2.6	Does the job require handling items that are difficult to grasp?	_____	_____	_____
3.	Posture:			
3.1	Does the job require bending (up or down) of the wrist?	_____	_____	_____
3.2	Does the job require rotating the wrist side to side?	_____	_____	_____
3.3	Is the worker seated while performing the job?	_____	_____	_____
3.4	Does the job require "clothes wringing" motion?	_____	_____	_____
3.5	Does the job require extended reaches, beyond normal arm reach?	_____	_____	_____
3.6	Does the job require awkward lifts or carries that are near the floor, above the shoulders, or far in front of the body?	_____	_____	_____
3.7	Does the job require exertion of pushing, pulling, lifting, or lowering forces in awkward positions to the side, overhead, or at extended reaches?	_____	_____	_____
3.8	Do workers sit on the front edge of their chairs?	_____	_____	_____
3.9	Is the worker required to maintain the same posture, either sitting or standing, all of the time?	_____	_____	_____

		Yes	No	N/A
4.	Workstation hardware:			
4.1	Is the orientation of the work surface non-adjustable?	_____	_____	_____
4.2	Does the work surface appear to be too high or too low for many operators?	_____	_____	_____
4.3	Is the location of the tool non-adjustable?	_____	_____	_____
4.4	Does the job require handling oversized objects that require two-person lifting?	_____	_____	_____
4.5	Is there an absence of material handling aids, such as air hoists and scissors tables?	_____	_____	_____
4.6	Do workers attempt to modify their chairs or work surfaces by adding cushions or pads?	_____	_____	_____
5.	Repetitiveness:			
5.1	Does the job require that one motion pattern be repeated at a high frequency?	_____	_____	_____
5.2	Is the cycle time for repetitive operations less than 30 seconds?	_____	_____	_____
5.3	Is the work pace rapid and not under the operator's control?	_____	_____	_____
6.	Tool design:			
6.1	Is the handle too large for the thumb and finger to slightly overlap around a closed grip?	_____	_____	_____
6.2	Is the span of the tool's handle less than 5 cm (2 inches)?	_____	_____	_____
6.3	Is the handle of the tool made of metal?	_____	_____	_____
6.4	Is the weight of the tool greater than 10 lbs?	_____	_____	_____
6.5	Are heavy tools lacking devices to suspend some of their weight?	_____	_____	_____
6.6	Does use of the tool require bending the wrist (up or down)?	_____	_____	_____
6.7	Does the tool require rotating the wrist (side to side)?	_____	_____	_____
7.	Work environment:			
7.1	Are housekeeping practices poor (e.g., aisles cluttered and waste on the floor)?	_____	_____	_____
7.2	Are floors uneven or slippery?	_____	_____	_____
7.3	Does the job require frequent (daily) stair or ladder climbing?	_____	_____	_____
7.4	Do the work tasks contain significant visual components, requiring good lighting?	_____	_____	_____
7.5	Does the worker's eye have to move periodically from dark to light areas?	_____	_____	_____
7.6	Is the air temperature uncomfortably hot or cold?	_____	_____	_____

“Yes” answers reveal jobs/tasks with ergonomic risk. Interventions plans need to be developed for all “Yes” questions.